

CONSORT-EHEALTH (V 1.6.1) - Submission/Publication Form

The CONSORT-EHEALTH checklist is intended for authors of randomized trials evaluating web-based and Internet-based applications/interventions, including mobile interventions, electronic games (incl multiplayer games), social media, certain telehealth applications, and other interactive and/or networked electronic applications. Some of the items (e.g. all subitems under item 5 - description of the intervention) may also be applicable for other study designs.

The goal of the CONSORT EHEALTH checklist and guideline is to be

- a) a guide for reporting for authors of RCTs,
- b) to form a basis for appraisal of an ehealth trial (in terms of validity)

CONSORT-EHEALTH items/subitems are MANDATORY reporting items for studies published in the Journal of Medical Internet Research and other journals / scientific societies endorsing the checklist.

Items numbered 1., 2., 3., 4a., 4b etc are original CONSORT or CONSORT-NPT (non-pharmacologic treatment) items.

Items with Roman numerals (i., ii, iii, iv etc.) are CONSORT-EHEALTH extensions/clarifications.

As the CONSORT-EHEALTH checklist is still considered in a formative stage, we would ask that you also RATE ON A SCALE OF 1-5 how important/useful you feel each item is FOR THE PURPOSE OF THE CHECKLIST and reporting guideline (optional).

Mandatory reporting items are marked with a red *.

In the textboxes, either copy & paste the relevant sections from your manuscript into this form - please include any quotes from your manuscript in QUOTATION MARKS, or answer directly by providing additional information not in the manuscript, or elaborating on why the item was not relevant for this study.

YOUR ANSWERS WILL BE PUBLISHED AS A SUPPLEMENTARY FILE TO YOUR PUBLICATION IN JMIR AND ARE CONSIDERED PART OF YOUR PUBLICATION (IF ACCEPTED).

Please fill in these questions diligently. Information will not be copyedited, so please use proper spelling and grammar, use correct capitalization, and avoid abbreviations.

DO NOT FORGET TO SAVE AS PDF _AND_ CLICK THE SUBMIT BUTTON SO YOUR ANSWERS ARE IN OUR DATABASE !!!

Citation Suggestion (if you append the pdf as Appendix we suggest to cite this paper in the caption):

Eysenbach G, CONSORT-EHEALTH Group

CONSORT-EHEALTH: Improving and Standardizing Evaluation Reports of Web-based and Mobile Health Interventions

J Med Internet Res 2011;13(4):e126

URL: <http://www.jmir.org/2011/4/e126/>

 * Required

Your name *

First Last

Farah Tahsin

Primary Affiliation (short), City, Country *

University of Toronto, Toronto, Canada

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Your e-mail address *

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Title of your manuscript *

Provide the (draft) title of your manuscript.

Examining usage behavior of a goal-supporting mHealth app in primary care among patients with multiple chronic conditions: A qualitative study

Name of your App/Software/Intervention *

If there is a short and a long/alternate name, write the short name first and add the long name in brackets.

electronic Patient Reported Outcome (ePRO)

Evaluated Version (if any)

e.g. "V1", "Release 2017-03-01", "Version 2.0.27913"

Language(s) *

What language is the intervention/app in? If multiple languages are available, separate by comma (e.g. "English, French")

English

URL of your Intervention Website or App

e.g. a direct link to the mobile app on app in appstore (itunes, Google Play), or URL of the website. If the intervention is a DVD or hardware, you can also link to an Amazon page.

<https://www.eprobridgepoint.com/design>

URL of an image/screenshot (optional)

Your answer

Accessibility *

Can an enduser access the intervention presently?

- ☐ access is free and open
- ☐ access only for special usergroups, not open
- ☐ access is open to everyone, but requires payment/subscription/in-app purchases
- ☒ app/intervention no longer accessible
- ☐ Other:

Primary Medical Indication/Disease/Condition *

e.g. "Stress", "Diabetes", or define the target group in brackets after the condition, e.g. "Autism (Parents of children with)", "Alzheimers (Informal Caregivers of)"

"patients with multiple chronic conditions"

Primary Outcomes measured in trial *

comma-separated list of primary outcomes reported in the trial

This paper presents a qualitative evaluation of

Secondary/other outcomes

Are there any other outcomes the intervention is expected to affect?

This paper presents a qualitative evaluation of patients' social-behavioural experiences with the app so no secondary outcome was measured.

Recommended "Dose" *

What do the instructions for users say on how often the app should be used?

- ☐ Approximately Daily
- ☐ Approximately Weekly
- ☐ Approximately Monthly
- ☐ Approximately Yearly
- ☒ "as needed"
- ☐ Other:

Approx. Percentage of Users (starters) still using the app as recommended after 3 months *

☐ unknown / not evaluated

☐ 0-10%

☐ 11-20%

☐ 21-30%

☐ 31-40%

☒ 41-50%

☐ 51-60%

☐ 61-70%

☐ 71%-80%

☐ 81-90%

☐ 91-100%

☐ Other:

Overall, was the app/intervention effective? *

☐ yes: all primary outcomes were significantly better in intervention group vs control

☐ partly: SOME primary outcomes were significantly better in intervention group vs control

☒ no statistically significant difference between control and intervention

☐ potentially harmful: control was significantly better than intervention in one or more outcomes

☐ inconclusive: more research is needed

☐ Other:

Article Preparation Status/Stage *

At which stage in your article preparation are you currently (at the time you fill in this form)

- ☐ not submitted yet - in early draft status
- ☐ not submitted yet - in late draft status, just before submission
- ☒ submitted to a journal but not reviewed yet
- ☐ submitted to a journal and after receiving initial reviewer comments
- ☐ submitted to a journal and accepted, but not published yet
- ☐ published
- ☐ Other:

Journal *

If you already know where you will submit this paper (or if it is already submitted), please provide the journal name (if it is not JMIR, provide the journal name under "other")

- ☐ not submitted yet / unclear where I will submit this
- ☐ Journal of Medical Internet Research (JMIR)
- ☐ JMIR mHealth and UHealth
- ☐ JMIR Serious Games
- ☐ JMIR Mental Health
- ☐ JMIR Public Health
- ☐ JMIR Formative Research
- ☒ Other JMIR sister journal
- ☐ Other:

Is this a full powered effectiveness trial or a pilot/feasibility trial? *

- ☐ Pilot/feasibility
- ☒ Fully powered

Manuscript tracking number *

If this is a JMIR submission, please provide the manuscript tracking number under "other" (The ms tracking number can be found in the submission acknowledgement email, or when you login as author in JMIR. If the paper is already published in JMIR, then the ms tracking number is the four-digit number at the end of the DOI, to be found at the bottom of each published article in JMIR)

☐ no ms number (yet) / not (yet) submitted to / published in JMIR

☒ Other: 37684

TITLE AND ABSTRACT

1a) TITLE: Identification as a randomized trial in the title

1a) Does your paper address CONSORT item 1a? *

I.e does the title contain the phrase "Randomized Controlled Trial"? (if not, explain the reason under "other")

☐ yes

☒ Other: This is a sub-study of a larger pragmatic randomized trial, and we did

1a-i) Identify the mode of delivery in the title

Identify the mode of delivery. Preferably use "web-based" and/or "mobile" and/or "electronic game" in the title. Avoid ambiguous terms like "online", "virtual", "interactive". Use "Internet-based" only if Intervention includes non-web-based Internet components (e.g. email), use "computer-based" or "electronic" only if offline products are used. Use "virtual" only in the context of "virtual reality" (3-D worlds). Use "online" only in the context of "online support groups". Complement or substitute product names with broader terms for the class of products (such as "mobile" or "smart phone" instead of "iphone"), especially if the application runs on different platforms.

subitem not at all important 1 2 3 4 5 essential

☐ ☐ ☐ ☐ ☒

Clear selection

Does your paper address subitem 1a-i? *

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"goal-supporting mHealth app"

1a-ii) Non-web-based components or important co-interventions in title

Mention non-web-based components or important co-interventions in title, if any (e.g., "with telephone support").

subitem not at all important 1 2 3 4 5 essential

☐ ☒ ☐ ☐ ☐

Clear selection

Does your paper address subitem 1a-ii?

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"in primary care among patients with multiple chronic conditions". The patients had access to their usual care in the primary care setting while using the implemented mHealth app.

1a-iii) Primary condition or target group in the title

Mention primary condition or target group in the title, if any (e.g., "for children with Type I Diabetes")
Example: A Web-based and Mobile Intervention with Telephone Support for Children with Type I Diabetes: Randomized Controlled Trial

subitem not at all important 1 2 3 4 5 essential

☐ ☐ ☐ ☐ ☒

Clear selection

Does your paper address subitem 1a-iii? *

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Patients with multiple chronic conditions"

1b) ABSTRACT: Structured summary of trial design, methods, results, and conclusions

NPT extension: Description of experimental treatment, comparator, care providers, centers, and blinding status.

1b-i) Key features/functionalities/components of the intervention and comparator in the METHODS section of the ABSTRACT

Mention key features/functionalities/components of the intervention and comparator in the abstract. If possible, also mention theories and principles used for designing the site. Keep in mind the needs of systematic reviewers and indexers by including important synonyms. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

subitem not at all important 1 2 3 4 5 essential

☐ ☐ ☐ ☐ ☒

Clear selection

Does your paper address subitem 1b-i? *

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Intervention: "This study aims to explore the social and behavioral factors contributing to the patients' usage behavior of a mHealth app called the electronic Patient Reported Outcome (ePRO). The ePRO app supports goal-oriented care delivery in interdisciplinary primary care models."

1b-ii) Level of human involvement in the METHODS section of the ABSTRACT

Clarify the level of human involvement in the abstract, e.g., use phrases like “fully automated” vs. “therapist/nurse/care provider/physician-assisted” (mention number and expertise of providers involved, if any). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

subitem not at all important 1 2 3 4 5 essential

☒ ☐ ☐ ☐ ☐

Clear selection

Does your paper address subitem 1b-ii?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

1b-iii) Open vs. closed, web-based (self-assessment) vs. face-to-face assessments in the METHODS section of the ABSTRACT

Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic or a closed online user group (closed usergroup trial), and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment). Clearly say if outcomes were self-assessed through questionnaires (as common in web-based trials). Note: In traditional offline trials, an open trial (open-label trial) is a type of clinical trial in which both the researchers and participants know which treatment is being administered. To avoid confusion, use “blinded” or “unblinded” to indicated the level of blinding instead of “open”, as “open” in web-based trials usually refers to “open access” (i.e. participants can self-enrol). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

subitem not at all important 1 2 3 4 5 essential

☐ ☒ ☐ ☐ ☐

Clear selection

Does your paper address subitem 1b-iii?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The full trial procedure has been described in previous published paper which is cited in this manuscript. Citation #31: Gray CS, Chau E, Tahsin F, et al. Assessing the Implementation and Effectiveness of the Electronic Patient-Reported Outcome Tool for Older Adults With Complex Care Needs: Mixed Methods Study. J Med Internet Res. 2021;23(12):e29071. doi:10.2196/29071

1b-iv) RESULTS section in abstract must contain use data

Report number of participants enrolled/assessed in each group, the use/uptake of the intervention (e.g., attrition/adherence metrics, use over time, number of logins etc.), in addition to primary/secondary outcomes. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

subitem not at all important 1 2 3 4 5 essential

☒ ☐ ☐ ☐ ☐

Clear selection

Does your paper address subitem 1b-iv?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

1b-v) CONCLUSIONS/DISCUSSION in abstract for negative trials

Conclusions/Discussions in abstract for negative trials: Discuss the primary outcome - if the trial is negative (primary outcome not changed), and the intervention was not used, discuss whether negative results are attributable to lack of uptake and discuss reasons. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

subitem not at all important 1 2 3 4 5 essential

☒ ☐ ☐ ☐ ☐

Clear selection

Does your paper address subitem 1b-v?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

INTRODUCTION

2a) In INTRODUCTION: Scientific background and explanation of rationale

2a-i) Problem and the type of system/solution

Describe the problem and the type of system/solution that is object of the study: intended as stand-alone intervention vs. incorporated in broader health care program? Intended for a particular patient population? Goals of the intervention, e.g., being more cost-effective to other interventions, replace or complement other solutions? (Note: Details about the intervention are provided in "Methods" under 5)

	1	2	3	4	5	
subitem not at all important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	essential

Clear selection

Does your paper address subitem 2a-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The positive benefit of using apps/web-based platforms to support complex patients is documented in the current literature. 10,11 For example, when patients with chronic illness use mHealth apps they are more likely to be engaged with health-promoting behavior such as fruit consumption and physical activity. 12 However, the benefits are more likely to be realized if technologies are used as intended. Instead, most mHealth apps experience high attrition 13,14, defined as when an individual disengages from a health technology after initially committing to using the technology for a trial. 15

Attrition has been considered a major challenge in mHealth-based interventions. 15–17 Previous research has identified that only a small number of participants use mHealth apps in the long term and the majority of the patients abandon the app after a short period. 16,18 The reason behind high attrition varies. Critical factors that drive attrition can include having available social support and capital, trust in technology, intention, and ability to use the app. 19–21 A meta-analysis evaluating the rates of attrition in mHealth interventions shows that many attrition-focused studies had relatively short intervention (less than 2 months) or short follow-up periods, ranging from 2 weeks to 2 months. 15 This synthesis work suggests a need to advance knowledge on attrition by exploring socio-cognitive factors that contribute to patients' app usage in the long term and real-world settings. 15 "

2a-ii) Scientific background, rationale: What is known about the (type of) system

Scientific background, rationale: What is known about the (type of) system that is the object of the study (be sure to discuss the use of similar systems for other conditions/diagnoses, if appropriate), motivation for the study, i.e. what are the reasons for and what is the context for this specific study, from which stakeholder viewpoint is the study performed, potential impact of findings [2]. Briefly justify the choice of the comparator.

subitem not at all important 1 2 3 4 5 essential

☐ ☐ ☐ ☐ ☒

Clear selection

Does your paper address subitem 2a-ii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Attrition has been considered a major challenge in mHealth-based interventions. 15–17 Previous research has identified that only a small number of participants use mHealth apps in the long term and the majority of the patients abandon the app after a short period. 16,18 The reason behind high attrition varies. Critical factors that drive attrition can include having available social support and capital, trust in technology, intention, and ability to use the app. 19–21 A meta-analysis evaluating the rates of attrition in mHealth interventions shows that many attrition-focused studies had relatively short intervention (less than 2 months) or short follow-up periods, ranging from 2 weeks to 2 months. 15 "

2b) In INTRODUCTION: Specific objectives or hypotheses

Does your paper address CONSORT subitem 2b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"To address this gap in the literature, this paper explores community-dwelling patients' perception of the long-term use of a mHealth app applying Bandura's Social Cognitive Theory (SCT) to unpack socio-cognitive factors that play a role. The research question informing this study is: What are the social and behavioral factors that contribute to continued or discontinued usage of a goal-management app tailored for patients with complex chronic conditions?"

METHODS

3a) Description of trial design (such as parallel, factorial) including allocation ratio

Does your paper address CONSORT subitem 3a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"We conducted a descriptive qualitative sub-study, drawing on patients' interview data collected as part of a larger 15-month multi-site pragmatic stepped-wedge trial of the electronic Patient Reported Outcomes (ePRO) tool.^{22,23} The stepped-wedge design randomized 6 sites into two intervention groups. The first group used the ePRO app for 12 months after a 3-month control period, and the second group used the app for 9 months after a 6-month control period. ²² Out of the six case sites three sites were identified as case sites where qualitative interviews were conducted. The case sites were selected based on geographic location and the site's interest in participating in the qualitative part of the study alongside outcome data.^{22,23} The patient interviews, demographic surveys, and research memos collected in these three case sites were used to answer the research question of this paper."

3b) Important changes to methods after trial commencement (such as eligibility criteria), with reasons

Does your paper address CONSORT subitem 3b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No changes were made in the trial, hence, unreported.

3b-i) Bug fixes, Downtimes, Content Changes

Bug fixes, Downtimes, Content Changes: ehealth systems are often dynamic systems. A description of changes to methods therefore also includes important changes made on the intervention or comparator during the trial (e.g., major bug fixes or changes in the functionality or content) (5-iii) and other "unexpected events" that may have influenced study design such as staff changes, system failures/downtimes, etc. [2].

	1	2	3	4	5	
subitem not at all important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	essential

Does your paper address subitem 3b-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

4a) Eligibility criteria for participants

Does your paper address CONSORT subitem 4a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Using FHT EMRs, eligible patients were identified. Then, the list of eligible patients was given to FHT providers to assess whether the patients met the following additional criteria: 1) perceived willingness to engage in goals of care conversation; 2) ability to use a smartphone or tablet in English or have a caregiver who could do this on their behalf; 3) capable of providing consent to participate; 4) willing to complete surveys every 3 months thereafter until the trial concluded. 51A detailed description of the recruitment procedure has been described elsewhere. 44,51 "

4a-i) Computer / Internet literacy

Computer / Internet literacy is often an implicit "de facto" eligibility criterion - this should be explicitly clarified.

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Does your paper address subitem 4a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"the list of eligible patients was given to FHT providers to assess whether the patients met the following additional criteria: 1) perceived willingness to engage in goals of care

4a-ii) Open vs. closed, web-based vs. face-to-face assessments:

Open vs. closed, web-based vs. face-to-face assessments: Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic, and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment), i.e., to what degree got the study team to know the participant. In online-only trials, clarify if participants were quasi-anonymous and whether having multiple identities was possible or whether technical or logistical measures (e.g., cookies, email confirmation, phone calls) were used to detect/prevent these.

	1	2	3	4	5	
subitem not at all important	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	essential

Clear selection

Does your paper address subitem 4a-ii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Patients were recruited and trained in person. We have published about the recruitment and training procedure in details in a previous paper, which is cited in this manuscript.

Citation #31: Gray CS, Chau E, Tahsin F, et al. Assessing the Implementation and Effectiveness of the Electronic Patient-Reported Outcome Tool for Older Adults With Complex Care Needs: Mixed Methods Study. J Med Internet Res. 2021;23(12):e29071. doi:10.2196/29071

4a-iii) Information giving during recruitment

Information given during recruitment. Specify how participants were briefed for recruitment and in the informed consent procedures (e.g., publish the informed consent documentation as appendix, see also item X26), as this information may have an effect on user self-selection, user expectation and may also bias results.

	1	2	3	4	5	
subitem not at all important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	essential

Clear selection

Does your paper address subitem 4a-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The recruitment procedure has been published in the original pragmatic trial paper which is cited in the manuscript. But in short, we have recruited FHTs first and then the patients within it. "Using FHT EMRs, eligible patients were identified. Then, the list of eligible patients was given to FHT providers to assess whether the patients met the following additional criteria: 1) perceived willingness to engage in goals of care conversation; 2) ability to use a smartphone or tablet in English or have a caregiver who could do this on their behalf; 3) capable of providing consent to participate; 4) willing to complete surveys every 3 months thereafter until the trial concluded. 51A detailed description of the recruitment procedure has been described elsewhere. 44,51 Eligible patients were approached by their FHT staff (i.e. care coordinators, administrators) and asked if they would be willing to speak to a research team member about the project. Recruitment occurred during a scheduled office visit or by phone. "

4b) Settings and locations where the data were collected

Does your paper address CONSORT subitem 4b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

" The ePRO intervention was implemented in 6 Family Health Teams (FHTs) located across the province of Ontario, Canada from 2018-2019. Ontario is the largest province in Canada, with the highest population density, and the majority of services provided in the primary care teams are funded by the Ontario Ministry of Health and Long term Care. FHTs are designed to provide integrated, multidisciplinary primary care and are typically led by physicians or nurse practitioners. 22 "

4b-i) Report if outcomes were (self-)assessed through online questionnaires

Clearly report if outcomes were (self-)assessed through online questionnaires (as common in web-based trials) or otherwise.

1 2 3 4 5

subitem not at all important ☒ ☐ ☐ ☐ ☐ essential

Clear selection

Does your paper address subitem 4b-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a qualitative sub-study, we did not have any online questionnaires.

4b-ii) Report how institutional affiliations are displayed

Report how institutional affiliations are displayed to potential participants [on ehealth media], as affiliations with prestigious hospitals or universities may affect volunteer rates, use, and reactions with regards to an intervention. (Not a required item – describe only if this may bias results)

	1	2	3	4	5	
subitem not at all important	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	essential
Clear selection						

Does your paper address subitem 4b-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

5) The interventions for each group with sufficient details to allow replication, including how and when they were actually administered

5-i) Mention names, credential, affiliations of the developers, sponsors, and owners

Mention names, credential, affiliations of the developers, sponsors, and owners [6] (if authors/evaluators are owners or developer of the software, this needs to be declared in a "Conflict of interest" section or mentioned elsewhere in the manuscript).

	1	2	3	4	5	
subitem not at all important	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	essential

Does your paper address subitem 5-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

We have cited the papers (protocol and full assessment of the paper) that have more information about the developers of the app.

Citation #31: Gray CS, Chau E, Tahsin F, et al. Assessing the Implementation and Effectiveness of the Electronic Patient-Reported Outcome Tool for Older Adults With Complex Care Needs: Mixed Methods Study. J Med Internet Res. 2021;23(12):e29071. doi:10.2196/29071

5-ii) Describe the history/development process

Describe the history/development process of the application and previous formative evaluations (e.g., focus groups, usability testing), as these will have an impact on adoption/use rates and help with interpreting results.

	1	2	3	4	5	
subitem not at all important	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	essential

Clear selection

Does your paper address subitem 5-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Our full pragmatic trial reports on the history/development process of the app, which is cited in the manuscript.

Citation #31: Gray CS, Chau E, Tahsin F, et al. Assessing the Implementation and Effectiveness of the Electronic Patient-Reported Outcome Tool for Older Adults With Complex Care Needs: Mixed Methods Study. J Med Internet Res. 2021;23(12):e29071. doi:10.2196/29071

5-iii) Revisions and updating

Revisions and updating. Clearly mention the date and/or version number of the application/intervention (and comparator, if applicable) evaluated, or describe whether the intervention underwent major changes during the evaluation process, or whether the development and/or content was “frozen” during the trial. Describe dynamic components such as news feeds or changing content which may have an impact on the replicability of the intervention (for unexpected events see item 3b).

subitem not at all important 1 2 3 4 5 essential

☐ ☐ ☐ ☒ ☐

Clear selection

Does your paper address subitem 5-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The app did not go through any major changes or events during the 15 month trial.

5-iv) Quality assurance methods

Provide information on quality assurance methods to ensure accuracy and quality of information provided [1], if applicable.

subitem not at all important 1 2 3 4 5 essential

☐ ☐ ☐ ☒ ☐

Clear selection

Does your paper address subitem 5-iv?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"To enhance the rigor of this analysis, the research team members met regularly to discuss codes and findings. Having two data analysts helped ensure the dependability of the findings. 1"

5-v) Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used

Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used. Replicability (i.e., other researchers should in principle be able to replicate the study) is a hallmark of scientific reporting.

1 2 3 4 5

subitem not at all important ☐ ☐ ☒ ☐ ☐ essential

Clear selection

Does your paper address subitem 5-v?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a qualitative study we have provided details on the decisions that were made during data collection, and analysis to ensure that readers can follow the logic trails.

5-vi) Digital preservation

Digital preservation: Provide the URL of the application, but as the intervention is likely to change or disappear over the course of the years; also make sure the intervention is archived (Internet Archive, webcitation.org, and/or publishing the source code or screenshots/videos alongside the article). As pages behind login screens cannot be archived, consider creating demo pages which are accessible without login.

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subitem not at all important ☒ ☐ ☐ ☐ ☐ essential

Clear selection

Does your paper address subitem 5-vi?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The app is no longer available for use as it was part of a time-limited research study

5-vii) Access

Access: Describe how participants accessed the application, in what setting/context, if they had to pay (or were paid) or not, whether they had to be a member of specific group. If known, describe how participants obtained “access to the platform and Internet” [1]. To ensure access for editors/reviewers/readers, consider to provide a “backdoor” login account or demo mode for reviewers/readers to explore the application (also important for archiving purposes, see vi).

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subitem not at all important ☐ ☒ ☐ ☐ ☐ essential

Clear selection

Does your paper address subitem 5-vii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The app was free to use for all participants of the study, which has been described in previous study and cited in this paper.

Citation #31: Gray CS, Chau E, Tahsin F, et al. Assessing the Implementation and Effectiveness of the Electronic Patient-Reported Outcome Tool for Older Adults With Complex Care Needs: Mixed Methods Study. J Med Internet Res. 2021;23(12):e29071. doi:10.2196/29071

5-viii) Mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework

Describe mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework [6] used to design them (instructional strategy [1], behaviour change techniques, persuasive features, etc., see e.g., [7, 8] for terminology). This includes an in-depth description of the content (including where it is coming from and who developed it) [1], “whether [and how] it is tailored to individual circumstances and allows users to track their progress and receive feedback” [6]. This also includes a description of communication delivery channels and – if computer-mediated communication is a component – whether communication was synchronous or asynchronous [6]. It also includes information on presentation strategies [1], including page design principles, average amount of text on pages, presence of hyperlinks to other resources, etc. [1].

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subitem not at all important ☐ ☐ ☐ ☐ ☒ essential

Clear selection

Does your paper address subitem 5-viii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"One such theory is Bandura's SCT 27 which explains human behaviors through a model of interactions among behavioral, environmental, and social factors. This model has been used extensively to uncover which social and behavioral constructs may influence patients' usage behavior of a mHealth app. 28–30 SCT is particularly well-suited to examine the patients' usage behavior of a mHealth app like ePRO because this app enables and encourages patients to work toward their health-related goals such as: walking every day for 50 minutes.³¹ And previous literature suggests that this sort of mHealth-enabled health-promoting trials and individuals' engagement with the mHealth is deeply influenced by their social-cognitive factors. 28,³² Therefore, the theoretical constructs of SCT allowed us to understand the social-cognitive related factors that contribute to the process by which patients decide to continue or discontinue app usage. For example, one of the SCT domains reciprocal determinism is helpful to identify how personal, environmental and behavioral factors can influence one's decision to continue/discontinue app use. Similarly, the behavior capability and goal efficacy domain were helpful to identify how one's skills and confidence can influence their decision of app usage. "

5-ix) Describe use parameters

Describe use parameters (e.g., intended "doses" and optimal timing for use). Clarify what instructions or recommendations were given to the user, e.g., regarding timing, frequency, heaviness of use, if any, or was the intervention used ad libitum.

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subitem not at all important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	essential

Does your paper address subitem 5-ix?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

5-x) Clarify the level of human involvement

Clarify the level of human involvement (care providers or health professionals, also technical assistance) in the e-intervention or as co-intervention (detail number and expertise of professionals involved, if any, as well as "type of assistance offered, the timing and frequency of the support, how it is initiated, and the medium by which the assistance is delivered". It may be necessary to distinguish between the level of human involvement required for the trial, and the level of human involvement required for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

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subitem not at all important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	essential

Does your paper address subitem 5-x?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

5-xi) Report any prompts/reminders used

Report any prompts/reminders used: Clarify if there were prompts (letters, emails, phone calls, SMS) to use the application, what triggered them, frequency etc. It may be necessary to distinguish between the level of prompts/reminders required for the trial, and the level of prompts/reminders for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

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subitem not at all important	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	essential

Clear selection

Does your paper address subitem 5-xi? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a pragmatic trial, we wanted to minimize researcher's intrusion, therefore, we did not use any prompts to use the app.

5-xii) Describe any co-interventions (incl. training/support)

Describe any co-interventions (incl. training/support): Clearly state any interventions that are provided in addition to the targeted eHealth intervention, as ehealth intervention may not be designed as stand-alone intervention. This includes training sessions and support [1]. It may be necessary to distinguish between the level of training required for the trial, and the level of training for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

subitem not at all important 1 2 3 4 5 essential

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Clear selection

Does your paper address subitem 5-xii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Both patients and providers received training to use the app. The training procedure was described in a previous publication which is cited in this manuscript.

Citation #31: Gray CS, Chau E, Tahsin F, et al. Assessing the Implementation and Effectiveness of the Electronic Patient-Reported Outcome Tool for Older Adults With Complex Care Needs: Mixed Methods Study. J Med Internet Res. 2021;23(12):e29071. doi:10.2196/29071

6a) Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed

Does your paper address CONSORT subitem 6a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a qualitative study, we did not use any online questionnaires.

6a-i) Online questionnaires: describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed

If outcomes were obtained through online questionnaires, describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed [9].

subitem not at all important 1 2 3 4 5 essential

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Clear selection

Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

Your answer

6a-ii) Describe whether and how “use” (including intensity of use/dosage) was defined/measured/monitored

Describe whether and how “use” (including intensity of use/dosage) was defined/measured/monitored (logins, logfile analysis, etc.). Use/adoption metrics are important process outcomes that should be reported in any ehealth trial.

subitem not at all important 1 2 3 4 5 essential

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Clear selection

Does your paper address subitem 6a-ii?

Copy and paste relevant sections from manuscript text

"Based on patients' app-automated usage logs, patients were categorized into two categories: long-term users and short-term users. Of the 22 interviewed individuals, 9 were short-term users and 13 were long-term users. Participants who did not use the ePRO app after initial onboarding or used it for less than 3 months were categorized into the “short-term user” group. In contrast, the participants who used the ePRO app for more than 3 months were categorized into the “long-term user” group. The 3-month cut-off period was determined because the app experienced a sharp decline in usage at 3 months. 34 This 3-

6a-iii) Describe whether, how, and when qualitative feedback from participants was obtained

Describe whether, how, and when qualitative feedback from participants was obtained (e.g., through emails, feedback forms, interviews, focus groups).

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subitem not at all important ☐ ☐ ☐ ☐ ☒ essential

Clear selection

Does your paper address subitem 6a-iii?

Copy and paste relevant sections from manuscript text

Patients' demographic information was collected through a demographic survey at the beginning of the study. The first set of interviews was conducted at the midpoint of the trial, 4-6 months after patients started using the app (timing of the interviews depended on if they were in the 12 or 9-month use group). The second round of interviews was conducted at the end of the study trial. The semi-structured interview guide addressed the following topics: 1) perception and experience of using the ePRO app; 2) patients' relationship with their care team; 3) perception and experience of setting goals through ePRO; 4) impact of ePRO in patients' daily lives. Interviews were 25-40 minutes long and were conducted by one of four research team members (FT, TA, JS, and CSG). Each interview was audiotaped and transcribed using a commercial transcription service. Transcripts were checked for accuracy against recordings by a member of the research team.

6b) Any changes to trial outcomes after the trial commenced, with reasons

Does your paper address CONSORT subitem 6b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The trial outcomes did not change.

7a) How sample size was determined

NPT: When applicable, details of whether and how the clustering by care provides or centers was addressed

7a-i) Describe whether and how expected attrition was taken into account when calculating the sample size

Describe whether and how expected attrition was taken into account when calculating the sample size.

1 2 3 4 5

subitem not at all important ☒ ☐ ☐ ☐ ☐ essential

Clear selection

Does your paper address subitem 7a-i?

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

7b) When applicable, explanation of any interim analyses and stopping guidelines

Does your paper address CONSORT subitem 7b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable. since it is qualitative study.

8a) Method used to generate the random allocation sequence

NPT: When applicable, how care providers were allocated to each trial group

Does your paper address CONSORT subitem 8a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a qualitative sub-study we only used participants who received the intervention. However, the original trial has been published elsewhere which contains information about randomization, and allocation sequence and cited in the manuscript.

Citation #31: Gray CS, Chau E, Tahsin F, et al. Assessing the Implementation and Effectiveness of the Electronic Patient-Reported Outcome Tool for Older Adults With Complex Care Needs: Mixed Methods Study. J Med Internet Res. 2021;23(12):e29071. doi:10.2196/29071

8b) Type of randomisation; details of any restriction (such as blocking and block size)

Does your paper address CONSORT subitem 8b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a qualitative sub-study we only used participants who received the intervention. However, the original trial has been published elsewhere which has contains information about randomization and cited in the manuscript.

Citation #31: Gray CS, Chau E, Tahsin F, et al. Assessing the Implementation and Effectiveness of the Electronic Patient-Reported Outcome Tool for Older Adults With Complex Care Needs: Mixed Methods Study. J Med Internet Res. 2021;23(12):e29071. doi:10.2196/29071

9) Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned

Does your paper address CONSORT subitem 9? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This study used a stepped-wedge cluster randomized trial, hence, the random allocation happened at the cluster level. We have provided brief overview on how randomization at the cluster level impacted this qualitative sub-study.

" The stepped-wedge design randomized 6 sites into two intervention groups. The first group used the ePRO app for 12 months after a 3-month control period, and the second group used the app for 9 months after a 6-month control period. 22 Out of the six case sites three sites were identified as case sites where qualitative interviews were conducted. The case sites were selected based on geographic location and the site's interest in participating in the qualitative part of the study alongside outcome data.^{22,23} The patient interviews, demographic surveys, and research memos collected in these three case sites were used to answer the research question of this paper."

However, a more detailed information about randomization has been described elsewhere and cited in the manuscript.

Citation: #31: Gray CS, Chau E, Tahsin F, et al. Assessing the Implementation and Effectiveness of the Electronic Patient-Reported Outcome Tool for Older Adults With Complex Care Needs: Mixed Methods Study. J Med Internet Res. 2021;23(12):e29071. doi:10.2196/29071

10) Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions

Does your paper address CONSORT subitem 10? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Our previously published paper contain information about random allocation sequence and we did not repeat the information in this manuscript. "A detailed description of the recruitment procedure has been described elsewhere. " However, the published paper is cited in this manuscript.

Citation #31: Gray CS, Chau E, Tahsin F, et al. Assessing the Implementation and Effectiveness of the Electronic Patient-Reported Outcome Tool for Older Adults With Complex Care Needs: Mixed Methods Study. J Med Internet Res. 2021;23(12):e29071. doi:10.2196/29071

11a) If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how

11a-i) Specify who was blinded, and who wasn't

Specify who was blinded, and who wasn't. Usually, in web-based trials it is not possible to blind the participants [1, 3] (this should be clearly acknowledged), but it may be possible to blind outcome assessors, those doing data analysis or those administering co-interventions (if any).

subitem not at all important 1 2 3 4 5 essential

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Clear selection

Does your paper address subitem 11a-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As an mHealth trial app, participants, interviewers or health providers could not be blinded. However, for this qualitative sub-study this information was not very relevant. However, we have published the full trial protocol previously and is cited in the manuscript.
Citation #23: Steele Gray C, Khan AI, Kuluski K, et al. Improving Patient Experience and Primary Care Quality for Patients With Complex Chronic Disease Using the Electronic Patient-Reported Outcomes Tool: Adopting Qualitative Methods Into a User-Centered Design Approach. JMIR Res Protoc. 2016;5(1):e28. doi:10.2196/resprot.5204

11a-ii) Discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator"

Informed consent procedures (4a-ii) can create biases and certain expectations - discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator".

subitem not at all important 1 2 3 4 5 essential

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Clear selection

Does your paper address subitem 11a-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a qualitative sub-study we interviewed participants when they have received the intervention. Aligning with stepped-wedge controlled trial, all participants in the intervention group acted as their own control. However, we did not interview participants when they were in the control group. Hence, the comparator group was not relevant to the current study. A detail description the trial design has been published elsewhere and cited in the manuscript.

Citation #31: Gray CS, Chau E, Tahsin F, et al. Assessing the Implementation and Effectiveness of the Electronic Patient-Reported Outcome Tool for Older Adults With Complex Care Needs: Mixed Methods Study. J Med Internet Res. 2021;23(12):e29071. doi:10.2196/29071

11b) If relevant, description of the similarity of interventions

(this item is usually not relevant for ehealth trials as it refers to similarity of a placebo or sham intervention to a active medication/intervention)

Does your paper address CONSORT subitem 11b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a qualitative sub-study we only interviewed participants who received the intervention. However, the original trial has been published elsewhere and cited in the manuscript.

Citation #31: Gray CS, Chau E, Tahsin F, et al. Assessing the Implementation and Effectiveness of the Electronic Patient-Reported Outcome Tool for Older Adults With Complex Care Needs: Mixed Methods Study. J Med Internet Res. 2021;23(12):e29071. doi:10.2196/29071

12a) Statistical methods used to compare groups for primary and secondary outcomes

NPT: When applicable, details of whether and how the clustering by care providers or centers was addressed

Does your paper address CONSORT subitem 12a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a qualitative sub-study we did not conduct any statistical analysis of primary and secondary outcomes.

12a-i) Imputation techniques to deal with attrition / missing values

Imputation techniques to deal with attrition / missing values: Not all participants will use the intervention/comparator as intended and attrition is typically high in ehealth trials. Specify how participants who did not use the application or dropped out from the trial were treated in the statistical analysis (a complete case analysis is strongly discouraged, and simple imputation techniques such as LOCF may also be problematic [4]).

subitem not at all important 1 2 3 4 5 essential

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Clear selection

Does your paper address subitem 12a-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a qualitative sub-study we did not use any imputation techniques.

12b) Methods for additional analyses, such as subgroup analyses and adjusted analyses

Does your paper address CONSORT subitem 12b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a qualitative sub-study we did not conduct any statistical analysis.

X26) REB/IRB Approval and Ethical Considerations [recommended as subheading under "Methods"] (not a CONSORT item)

X26-i) Comment on ethics committee approval

subitem not at all important 1 2 3 4 5 essential

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Clear selection

Does your paper address subitem X26-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Ethics approval was received from the University of Toronto Health Sciences Research Ethics Board and the Research Ethics Boards of three participating primary care practices. All patient participants provided informed verbal and written consent before initiation of study activities."

x26-ii) Outline informed consent procedures

Outline informed consent procedures e.g., if consent was obtained offline or online (how? Checkbox, etc.), and what information was provided (see 4a-ii). See [6] for some items to be included in informed consent documents.

subitem not at all important 1 2 3 4 5 essential

☐ ☐ ☐ ☒ ☐

Clear selection

Does your paper address subitem X26-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Ethics approval was received from the University of Toronto Health Sciences Research Ethics Board and the Research Ethics Boards of three participating primary care practices. All patient participants provided informed verbal and written consent before initiation of study activities." The additional information about consent can be found in the original trial paper which is cited in the manuscript.

X26-iii) Safety and security procedures

Safety and security procedures, incl. privacy considerations, and any steps taken to reduce the likelihood or detection of harm (e.g., education and training, availability of a hotline)

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subitem not at all important	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	essential

Clear selection

Does your paper address subitem X26-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a low intensity program, we did not take any extra steps to reduce the likelihood of harm. However, participants had access to their usual primary care team during intervention and were to free to stop using the app any time.

RESULTS

13a) For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome

NPT: The number of care providers or centers performing the intervention in each group and the number of patients treated by each care provider in each center

Does your paper address CONSORT subitem 13a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This information regarding individuals who were randomly assigned and received intended treatment has been provided in full details in previous paper which has been cited in this paper. As a qualitative sub-study, we did not analyze any primary outcome. Additionally, we have only interviewed participants in the treatment term who has received the intervention. Citation #31: Gray CS, Chau E, Tahsin F, et al. Assessing the Implementation and Effectiveness of the Electronic Patient-Reported Outcome Tool for Older Adults With Complex Care Needs: Mixed Methods Study. J Med Internet Res. 2021;23(12):e29071. doi:10.2196/29071

13b) For each group, losses and exclusions after randomisation, together with reasons

Does your paper address CONSORT subitem 13b? (NOTE: Preferably, this is shown in a CONSORT flow diagram) *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The losses and exclusions have been described in previous article which is cited in the paper.

Citation #31: Gray CS, Chau E, Tahsin F, et al. Assessing the Implementation and Effectiveness of the Electronic Patient-Reported Outcome Tool for Older Adults With Complex Care Needs: Mixed Methods Study. J Med Internet Res. 2021;23(12):e29071. doi:10.2196/29071

13b-i) Attrition diagram

Strongly recommended: An attrition diagram (e.g., proportion of participants still logging in or using the intervention/comparator in each group plotted over time, similar to a survival curve) or other figures or tables demonstrating usage/dose/engagement.

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subitem not at all important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	essential

Does your paper address subitem 13b-i?

Copy and paste relevant sections from the manuscript or cite the figure number if applicable (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

14a) Dates defining the periods of recruitment and follow-up

Does your paper address CONSORT subitem 14a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The full recruitment procedure is published in a previous article and cited in this paper. citation #31: Gray CS, Chau E, Tahsin F, et al. Assessing the Implementation and Effectiveness of the Electronic Patient-Reported Outcome Tool for Older Adults With Complex Care Needs: Mixed Methods Study. J Med Internet Res. 2021;23(12):e29071. doi:10.2196/29071

14a-i) Indicate if critical "secular events" fell into the study period

Indicate if critical "secular events" fell into the study period, e.g., significant changes in Internet resources available or "changes in computer hardware or Internet delivery resources"

1 2 3 4 5

subitem not at all important ☒ ☐ ☐ ☐ ☐ essential

Clear selection

Does your paper address subitem 14a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The trial ended before Covid-19 pandemic on 2018, hence, the trial did not experience any critical "secular events".

14b) Why the trial ended or was stopped (early)

Does your paper address CONSORT subitem 14b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The trial did not end or stop early. The trial ended at the end of the pre-planned study period.

15) A table showing baseline demographic and clinical characteristics for each group

NPT: When applicable, a description of care providers (case volume, qualification, expertise, etc.) and centers (volume) in each group

Does your paper address CONSORT subitem 15? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

We have provided participant demographic information including age, sex, computer literacy, income and education level in Table 2.

15-i) Report demographics associated with digital divide issues

In ehealth trials it is particularly important to report demographics associated with digital divide issues, such as age, education, gender, social-economic status, computer/Internet/ehealth literacy of the participants, if known.

subitem not at all important 1 2 3 4 5 essential

☐ ☐ ☐ ☐ ☒ ☐

Clear selection

Does your paper address subitem 15-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

We have provided participant demographic information including age, sex, computer literacy, income and education level in Table 2.

16) For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups

16-i) Report multiple "denominators" and provide definitions

Report multiple "denominators" and provide definitions: Report N's (and effect sizes) "across a range of study participation [and use] thresholds" [1], e.g., N exposed, N consented, N used more than x times, N used more than y weeks, N participants "used" the intervention/comparator at specific pre-defined time points of interest (in absolute and relative numbers per group). Always clearly define "use" of the intervention.

subitem not at all important 1 2 3 4 5 essential

☐ ☐ ☐ ☒ ☐

Clear selection

Does your paper address subitem 16-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"There were 44 study participants in the larger pragmatic trial, with 37 participants from the three case sites. Of the 37 patients who were invited to participate in the interview, in total, 22 patients were interviewed. Fifteen participants did not participate in the interviews because of several reasons, such as scheduling issues, declining interview requests because of being ill, being out of the country, or not responding to interview requests. Among 22 interviewed patients, 17 patients participated in both interviews, 3 patients participated in only mid-point interviews and 2 patients participated in the last interview only. "

16-ii) Primary analysis should be intent-to-treat

Primary analysis should be intent-to-treat, secondary analyses could include comparing only “users”, with the appropriate caveats that this is no longer a randomized sample (see 18-i).

	1	2	3	4	5	
subitem not at all important	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	essential

Clear selection

Does your paper address subitem 16-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a qualitative research study, we have analysed all participant data.

17a) For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)

Does your paper address CONSORT subitem 17a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a qualitative research study, we did not report any primary and secondary outcome in terms of effect size and precision.

17a-i) Presentation of process outcomes such as metrics of use and intensity of use

In addition to primary/secondary (clinical) outcomes, the presentation of process outcomes such as metrics of use and intensity of use (dose, exposure) and their operational definitions is critical. This does not only refer to metrics of attrition (13-b) (often a binary variable), but also to more continuous exposure metrics such as "average session length". These must be accompanied by a technical description how a metric like a "session" is defined (e.g., timeout after idle time) [1] (report under item 6a).

	1	2	3	4	5	
subitem not at all important	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	essential

Clear selection

Does your paper address subitem 17a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a qualitative research study, we did not report any primary and secondary outcome.

17b) For binary outcomes, presentation of both absolute and relative effect sizes is recommended

Does your paper address CONSORT subitem 17b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a qualitative research study, we did not report any primary and secondary outcomes.

18) Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory

Does your paper address CONSORT subitem 18? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a qualitative paper, we have conducted thematic analysis of the interview data.

18-i) Subgroup analysis of comparing only users

A subgroup analysis of comparing only users is not uncommon in ehealth trials, but if done, it must be stressed that this is a self-selected sample and no longer an unbiased sample from a randomized trial (see 16-iii).

	1	2	3	4	5	
subitem not at all important	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	essential

Clear selection

Does your paper address subitem 18-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As a qualitative study, we did not conduct sub-group analysis.

19) All important harms or unintended effects in each group

(for specific guidance see CONSORT for harms)

Does your paper address CONSORT subitem 19? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Our qualitative data analysis shows some unintended effects of the app on patients.

"Additionally, patients reflected that their confidence and skills to perform a goal changes over time depending on their health. When patients felt that they were not able to perform their goals because of health and life circumstances and they did not have "enough" to report on the app, they discontinued using the app.

"Initially, I set up my goal to go 3 miles walking every day. But after my surgeries and my accident, there was no way I could do it. I was barely getting out to walk my dogs. I was falling short every day and it made no sense for me to use the app, I just felt sad that it [ePRO] kept showing me I was not the go-getter anymore. I did not know how to pause it [ePRO]" [Short-term user, female, Patient # 15]"

19-i) Include privacy breaches, technical problems

Include privacy breaches, technical problems. This does not only include physical "harm" to participants, but also incidents such as perceived or real privacy breaches [1], technical problems, and other unexpected/unintended incidents. "Unintended effects" also includes unintended positive effects [2].

subitem not at all important 1 2 3 4 5 essential

☐ ☐ ☐ ☐ ☒

Clear selection

Does your paper address subitem 19-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

We have reported the feedback from patients about the technical error that may have influenced their experiences.

19-ii) Include qualitative feedback from participants or observations from staff/researchers

Include qualitative feedback from participants or observations from staff/researchers, if available, on strengths and shortcomings of the application, especially if they point to unintended/unexpected effects or uses. This includes (if available) reasons for why people did or did not use the application as intended by the developers.

	1	2	3	4	5	
subitem not at all important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	essential

Clear selection

Does your paper address subitem 19-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This paper specifically ask the research question why people did or did not use the application as intended by the developers.

DISCUSSION

22) Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence

NPT: In addition, take into account the choice of the comparator, lack of or partial blinding, and unequal expertise of care providers or centers in each group

22-i) Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use)

Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use).

	1	2	3	4	5	
subitem not at all important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	essential

Clear selection

Does your paper address subitem 22-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"This study used descriptive qualitative methods and re-storying analytic techniques to explore the social and behavioral factors contributing to the patients' usage behavior of the ePRO tool. Study findings show that patient-provider relationships, patients' social relationships, and patient personal circumstances all play a central role in their decision to continue or discontinue the use of the ePRO app."

"Customizable technologies:

The findings of this article support previous study findings that health technologies are often discontinued and abandoned because a technology lack features of meaningful customization which is not part of users' already existing devices such as personal phones. 50 Additionally, the study findings suggest that health-related goals change over time for patients with multiple chronic conditions, and so designing apps that offer patient-driven customization and modification techniques will be helpful to repurpose the same technology at multiple time points of lifecycle.⁶⁶ For example, one patient (Patient #15) shared that their ability to achieve their goals has changed over time because of emerging health issues but they were unsure how to modify the goals in the ePRO app. This design feature in the ePRO was intentional based on a previous exploratory trial of the app (which was under 4 months). 38 In this exploratory trial, it was determined by patients and providers that setting goals together was an important motivator for patients. However, the finding of the current study contradicts the previous one. This contradiction may be caused by the prolonged use of ePRO, meaning after using the app for a while patients felt confident in the app to take charge of their goals. This further shows the importance of longitudinal evaluation of mHealth apps compared to shorter follow up time because patients' confidence, skills, and health needs from the app changes over time which may not be captured in a shorter trial. 15

Importance of chronic care paradigm shift from self-management to co-management of chronic conditions:

In the current chronic care paradigm, the task of goal management is often left to patients. 3,51 Our study findings highlight that discussions around goal-oriented care are a one-time occurrence for study participants which was facilitated by introducing the ePRO app. After setting goals with patients, providers often leave it up to patients to be responsible for their own goals. On the other hand, patients do not bring up the topic of goals in their discussion as they perceive that their providers "are too busy" to attend to patients' goals, and providers' time could be better spent on other condition-related concerns. The study finding reflects that there is a need for an ongoing conversation between patient-provider about patient-centered goals to ensure the goals and associated devices/tools are appropriate for the patient's needs and serve the purpose that the goal/device set out to do. Similarly, the interview data suggests that patients considered their providers' enthusiasm for the ePRO intervention important and influenced patients' interest in two ways, which are: (a) monitoring of patient data by providers was considered important and (b) providers' encouragement to keep using the ePRO app. 52 This finding highlights the need for further education and training tools for health care providers on how to effectively have a goal-oriented conversation with patients and within interprofessional teams. 10,53 "

22-ii) Highlight unanswered new questions, suggest future research

Highlight unanswered new questions, suggest future research.

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☐ ☒ essential

Clear selection

Does your paper address subitem 22-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

" Future research should consider patients' social and behavioral contexts while implementing mHealth apps and similar technological interventions for complex patients. "

20) Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses

20-i) Typical limitations in ehealth trials

Typical limitations in ehealth trials: Participants in ehealth trials are rarely blinded. Ehealth trials often look at a multiplicity of outcomes, increasing risk for a Type I error. Discuss biases due to non-use of the intervention/usability issues, biases through informed consent procedures, unexpected events.

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☐ ☒ essential

Clear selection

Does your paper address subitem 20-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Firstly, due to scheduling conflict or loss-to follow-up of participants, we were not able to interview all participants at two different time points. However, the interviews that were conducted were in-depth and had rich information. Additionally, the patient population of this study was recruited from FHTs across Ontario. Hence, the findings of this study may not be transferable to other models of primary care such as community health centers or solo practice environments. Furthermore, the participant demography suggests that the study patient population were less complex and well-resourced meaning on average patients had a low number of chronic conditions, had high income and educational attainment level, which might not be representative of general complex patients. Therefore, the finding of the study may not be transferable for patients living in resource-poor communities or who have lower income or education levels. Additionally, the underrepresentation of low-income individuals is a common occurrence across multiple research studies and requires attention in study design to facilitate this population's participation. 55 Additionally, because of using deductive coding strategy, we may have missed constructs that would have emerged using the inductive method. "

21) Generalisability (external validity, applicability) of the trial findings

NPT: External validity of the trial findings according to the intervention, comparators, patients, and care providers or centers involved in the trial

21-i) Generalizability to other populations

Generalizability to other populations: In particular, discuss generalizability to a general Internet population, outside of a RCT setting, and general patient population, including applicability of the study results for other organizations

subitem not at all important 1 2 3 4 5 essential

☐ ☐ ☐ ☒ ☐

Clear selection

Does your paper address subitem 21-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The pragmatic approach of this study which consisted of a broad exclusion criteria, minimal

21-ii) Discuss if there were elements in the RCT that would be different in a routine application setting

Discuss if there were elements in the RCT that would be different in a routine application setting (e.g., prompts/reminders, more human involvement, training sessions or other co-interventions) and what impact the omission of these elements could have on use, adoption, or outcomes if the intervention is applied outside of a RCT setting.

1 2 3 4 5

subitem not at all important ☒ ☐ ☐ ☐ ☐ essential

Clear selection

Does your paper address subitem 21-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

It is a pragmatic stepped-wedge cluster randomized trial which means that the routine practice were very similar to usual care setting.

OTHER INFORMATION

23) Registration number and name of trial registry

Does your paper address CONSORT subitem 23? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"ClinicalTrials.gov NCT02917954; <https://clinicaltrials.gov/ct2/show/NCT02917954>"

24) Where the full trial protocol can be accessed, if available

Does your paper address CONSORT subitem 24? *

Cite a Multimedia Appendix, other reference, or copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Reference 27: "Steele Gray C, Wodchis WP, Upshur R, et al. Supporting Goal-Oriented Primary Health Care for Seniors with Complex Care Needs Using Mobile Technology: Evaluation and Implementation of the Health System Performance Research Network, Bridgepoint Electronic Patient Reported Outcome Tool. JMIR Research Protocols. 2016;5(2):e126. doi:10.2196/resprot.5756"

25) Sources of funding and other support (such as supply of drugs), role of funders

Does your paper address CONSORT subitem 25? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The study was funded by Canadian Institute for Health Research (CIHR) eHealth Innovation Partnerships Program (eHIPP) program (CIHR-143559). The funders did not have any involvement in the study's design, execution, analyses, interpretation of the data, review, or approval of the manuscript for publication."

X27) Conflicts of Interest (not a CONSORT item)

X27-i) State the relation of the study team towards the system being evaluated

In addition to the usual declaration of interests (financial or otherwise), also state the relation of the study team towards the system being evaluated, i.e., state if the authors/evaluators are distinct from or identical with the developers/sponsors of the intervention.

subitem not at all important 1 2 3 4 5 essential

☐ ☐ ☐ ☒ ☐

Clear selection

Does your paper address subitem X27-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The study was funded by Canadian Institute for Health Research (CIHR) eHealth Innovation Partnerships Program (eHIPP) program (CIHR-143559). The funders did not have any involvement in the study's design, execution, analyses, interpretation of the data, review, or approval of the manuscript for publication."

About the CONSORT EHEALTH checklist

As a result of using this checklist, did you make changes in your manuscript? *

- ☐ yes, major changes
- ☐ yes, minor changes
- ☒ no

What were the most important changes you made as a result of using this checklist?

Your answer

How much time did you spend on going through the checklist INCLUDING making changes in your manuscript *

14 hours to go through the checklist and making potential changes in manuscript.

As a result of using this checklist, do you think your manuscript has improved? *

- ☒ yes
- ☐ no
- ☐ Other:

Would you like to become involved in the CONSORT EHEALTH group?

This would involve for example becoming involved in participating in a workshop and writing an "Explanation and Elaboration" document

- ☒ yes
- ☐ no
- ☐ Other:

Clear selection

Any other comments or questions on CONSORT EHEALTH

Your answer

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